

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C
Non-Emergency from
Assurant MEDICAL STAFFING +
HEALTHCARE SERVICES

196538 (FORM 1)
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 452 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: THERESA TINDAL
Address: 549 C West Evans St.
Florence, SC
29501-3407

Telephone: 843.665.1691
Fax: 843.665.1692
Other: 843.319.6686
Email: ASSURANTMEDSTAFF@YA

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
JUN 1 2008
PSC SC
DOCKETING DEPT.

Handwritten signature/initials.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C – NON-EMERGENCY

DATE Nov. 23 , 20 08

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ASSURANT MEDICAL STAFFING + HEALTHCARE SERVICES, LLC

2. (a) Street Address of Applicant _____

549-C West Evans Street, FLORENCE, SC 29501-3407

- (b) Mailing address, if different from street address _____

- (c) Telephone Number 843.665.1691 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Steven Tindal, 549 C West Evans St., Florence, SC

Theresa Tindal, 549 C West Evans St., Florence, SC

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: 11 Year: 2008

Assets:	
Cash	<u>5,187.00</u>
Receivables	<u>0</u>
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	<u>5,187.00</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Florence

I, Theresa Tindal

Owner / CEO

(Name of Applicant's Representative) (Title)
of Assurant Medical Staffing + Healthcare Services, the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true
and correct.

SWORN TO BEFORE ME

At Florence County Detention

This the 23rd day of November 2008

Angela L. Whitman
(Notary Public)

Theresa Tindal
(Signature of Applicant's Representative)

Commission Expires: 8/15/2015

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant ASSURANT MEDICAL STAFFING + HEALTHCARE SERVICES

For the transportation of passengers as follows:

Area to be served: FLORENCE, WILLIAMSBURG, SUMTER,
LEE, MARION, DARLINGTON, MARLBORO, CLARENDON

Number of passengers: 15

Fares: (See Attached Sheet)

=====

Date 12/4/08

Theresa Tindal
By

OWNER
Title

Rev. 8/00

EXHIBIT B

TO

TRANSPORTATION AGREEMENT

RATES, INVOICING AND PAYMENT TERMS

entered into by and between

LOGISTICARE SOLUTIONS, LLC ("LGTC")

and

Assurant Medical ("Provider")

LGTC and Provider hereby agree to the following terms for invoicing, payment and re-submittal of denied claims.

Rates

Only services specifically pre-authorized by LGTC will be compensated. Pricing for transportation performed by Provider under the Agreement shall be as follows:

Class of Services	0-3 Miles	4-6 Miles	7-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	26-30 Miles	31-35 Miles	36-40 Miles	41-45 Miles	Over 45 Miles
Non-emergency Ambulatory	\$ 5	\$ 8	\$ 11	\$ 14	\$ 17	\$ 20	\$ 23	\$ 25	\$ 28	\$ 31	\$ 34
Wheelchair	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Extra Pass -Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Extra Pass - WC	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Stretcher	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Group Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Group WC	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Stretcher	\$										
Basic Life Support	\$										
Adv. Life Support	\$										

EXHIBIT D

STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Date: _____

11/23/2008

Thess-Tm2b

(Applicant)

These Tmdd

(Applicant's Representative)

Owner

(Title)

UBC 00 00 02:43p

THERESA TINDAL

0433403120

p.1

INSURANCE QUOTE

Httm: Ann @ Fred Jones

Please fax back to

843.679.2005

The following insurance quote is for:

Assurant Medical Staffing & Healthcare Services
(Name of Motor Carrier)549-C West Evans St., Florence, S.C. 29505
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
b. Medical Payments/Each Person \$1,000

Amount of Premium:

\$5,799.00

Liability Insurance

\$1,000,000 CSH

The above quoted premiums are for a term of 12 months.Columbia Insurance Company
(Insurance Company Name)3024 Harvey St., Omaha, Nebraska 68131
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

12/8/08

Date

Ann L. Hibson
(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: Assurant Medical Staffing + Healthcare Services

Address: 549 C West Evans St., Florence, SC 29501

Telephone No. 843.665.1691 Fax No. 843.665.1692

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Theresa Tindal

(Applicant's Signature)

Sworn to before me

At Florence Co. Detention Center

This 23rd day of Nov., 2008

Cheryl M. Graham
(Notary Public)

Commission Expires: 8/15/2015

APPLICANT'S OATH

I, Theresa Tindal, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

X Theresa Tindal
(Applicant's Signature)

Sworn to before me

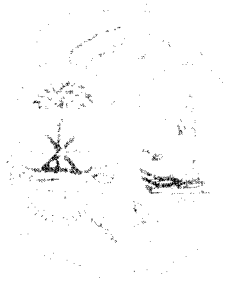
At Freeman County Detention Center

This 23rd day of November, 2012

Angela White
(Notary Public)

Commission Expires: 8/15/2016

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ASSURANT MEDICAL STAFFING AND HEALTHCARE SERVICES, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 14th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
15th day of October, 2008.

A handwritten signature in cursive script that reads "Mark Hammond". The signature is written in black ink and is positioned above the printed name.

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

OCT 14 2008

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY



SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is ASSURANT MEDICAL STAFFING AND HEALTHCARE SERVICES,

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
1920 KENSINGTON STREET

Street Address

FLORENCE, SOUTH CAROLINA 29505

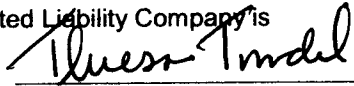
City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

THERESA S. TINDAL

Name


Signature

and the street address in South Carolina for this initial agent for service of process is

1920 KENSINGTON STREET

Street Address

FLORENCE, SOUTH CAROLINA 29505

City

Zip Code

4. The name and address of each organizer is

(a) STEVEN TINDAL

Name

1920 KENSINGTON STREET

Street Address

City

FLORENCE, SOUTH CAROLINA 29505

State

Zip Code

(b) THERESA TINDAL

Name

1920 KENSINGTON STREET

Street Address

City

FLORENCE, SOUTH CAROLINA 29505

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

081014-0076

FILED: 10/14/2008

ASSURANT MEDICAL STAFFING AND HEALTHCARE SERVICE

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

R2

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**NOTICE OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT OR BOTH
OF A SOUTH CAROLINA
OR FOREIGN CORPORATION**

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Sections 33-5-102 and 33-15-108 of the 1976 South Carolina Code of Laws, as amended, the undersigned corporation submits the following information.

1. The name of the corporation is ASSURANT MEDICAL STAFFING AND HEALTHCARE SERVICE
2. The corporation is (complete either a or b, whichever is applicable):
 - a. a domestic corporation incorporated in South Carolina on 10/2008; or
 - b. a foreign corporation incorporated in _____ on _____, and
State Date
authorized to do business in South Carolina on _____
Date
3. The street address of the present registered office in South Carolina is 1920 KENSINGTON STRE
in the city of FLORENCE, South Carolina 29505
Street & Number Zip Code
4. If the current registered office is to be changed, the street address to which its registered office is
to be changed is 549 C WEST EVANS STREET in the city of FLORENCE South
Street Address Zip Code
Carolina 29501
5. The name of the present registered agent is THERESA TINDAL
6. If the current registered agent is to be changed, the name of the successor registered agent is

* I hereby consent to the appointment as registered agent of the corporation:

Signature of New Registered Agent

7. The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
8. Unless a delayed date is specified, this will be effective upon acceptance for filing by the Secretary of State (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

*Pursuant to Sections 33-5-102(5) and 33-5-108(5) of the 1976 South Carolina Code of Laws, as amended, the written consent of the registered agent may be attached to this form.

ASSURANT MEDICAL

Name of Corporation

Date 11/21/2008

ASSURANT MEDICAL STAFFING AND HEALTH

Name of Corporation

Signature

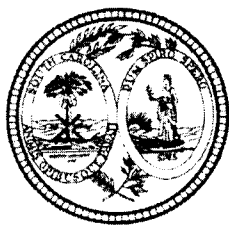
THERESA TINDAL

Type or Print Name and Title

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy must be filed.
2. Filing Fee (payable to the Secretary of State at the time of filing this document) -- \$10.00
3. Pursuant to Section 33-5-102(b) of the 1976 South Carolina Code of Laws, as amended, the registered agent can file this when the only change is the street address of the registered office. In this situation, the following statement should be typed on the form above the registered agent's signature: "The corporation has been notified of this change." In this case the filing fee is \$2.00.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211



Charles L.A. Terreni
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

The Public Service Commission State of South Carolina

COMMISSIONERS
Elizabeth B. "Lib" Fleming, Fourth District
Chairman
John E. "Butch" Howard, First District
Vice Chairman
David A. Wright, Second District
Randy Mitchell, Third District
G. O'Neal Hamilton, Fifth District
Mignon L. Clyburn, Sixth District
Swain E. Whitfield, At-Large

Docketing Department
Jocelyn G. Boyd, Deputy Clerk
Phone: (803) 896-5114
Fax: (803) 896-5231

December 2, 2008

TO: Assurant Medical Staffing & HealthCare Services, LLC
Attn. Theresa Tindal
549C West Evans Street
Florence, SC 29501-3407

FROM: Tricia DeSanty, Docketing Department

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

Failed to Submit Transportation Docket Cover Sheet along with the Application (See Attached Form)

✓ XXX Failed to indicate Fares and Clarify Number of Passengers (Per Vehicle) on Exhibit C (**Regarding Fares: Please Attach Rate Sheet/Contract with Logistics**)

Please Clarify Name of Company - If appropriate, need Articles of Incorporation or Limited Liability Company Documents from the Secretary of State's Office

Failed to enclose Description of Equipment (Exhibit D)

Failed to Submit Signature on Exhibit # C

Failed to Submit Notarized Applicant Representative's Signature on the Statement of Assets and Liabilities

✓ XXX Need more detail on area to be served, i.e. what counties would you be operating in? **Please List Counties, not Cities.**

Complete Safety Certification Form

✓ XXX **Insurance Quote – Need to Submit Form (Form Attached)**

Other: Failed to Submit Exhibit FWA for Class C (Charter) Certificate

Other: Failed to Submit Applicant's Oath (Form Attached)

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5125.

cc: Jeanne Gordon and George Parker, Office of Regulatory Staff (via e-mail)